

# C.M.A. Organizational Activities

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THE CALIFORNIA MEDICAL ASSOCIATION, in its day-to-day activities, is involved with many matters that concern not only the profession's interest but, to an even greater degree, perhaps, the public interest.

The many man-hours of travel and time, talk and action could form a sizeable figure. Yet there is no simple way to measure the energies devoted by you and your colleagues to the functioning of the California Medical Association. Perhaps the closest we can come to it is by briefly outlining the workings of the C.M.A. through its more than 75 commissions, committees and subcommittees, involving more than 500 physicians, under the direction of the House of Delegates and the Council.

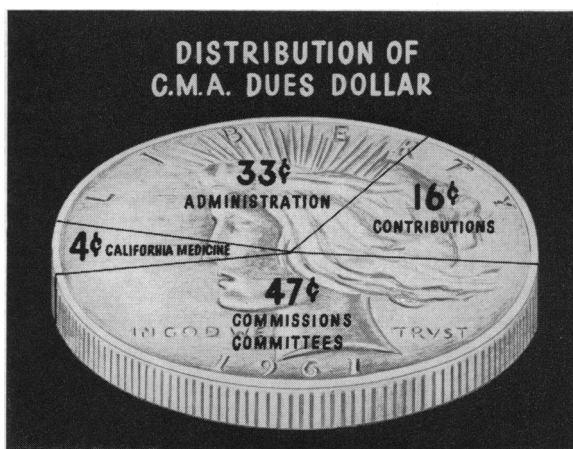
This is the organizational structure of the California Medical Association—organized medicine, if you will—in which individual physicians have joined forces to perform those duties and services in the professional and public interest that could not be done without a community of effort.

This community of effort requires not only the energy and lost leisure and income hours devoted to it by you and your colleagues, but also a not inconsiderable amount of money. Let's take a look at how this money is spent.

Each dollar of your C.M.A. dues is broadly divided as shown in the accompanying chart—33 cents for administration, 16 cents for contributions, 47 cents for commissions and committees and 4 cents for CALIFORNIA MEDICINE.

Administrative expense includes, as its largest portion, 12 cents of the dues dollar to cover costs of meetings (such as this one) and travel expense. Administrative salaries, pensions and employee benefits require nine-and-a-half cents from your dues dollar. The remainder covers such things as professional fees, office and equipment, taxes and insurance, placement service, Woman's Auxiliary and miscellaneous items.

Thirteen-and-a-half cents of your dues dollar (actually, it totals \$10 off the top) is contributed by you to the American Medical Education Foundation. Eighty per cent of this returns to the three California medical schools which are not primarily tax-supported (and each recently received more than \$50,000 from this contribution). The remain-



der is spread among the rest of America's medical schools.

Physicians' Benevolence absorbs another cent-and-a-half of your dollar to provide aid when a physician or his family is in need of financial help. Many physicians, their widows and their children have been helped over some rough spots through this fund.

The remaining contributions go toward nurse recruitment and toward medical libraries.

Three dollars of your dues—which boils down to four cents out of each dollar—pays your subscription to CALIFORNIA MEDICINE. And I'm sure you'll agree with the experts in such matters that this is a state medical journal of first-class stature.

Commissions and committees of course make up the biggest area of activity—and within it the largest portion of the budget is assigned to the Commission on Public Policy.

Twenty cents of the dues dollar is required for this commission—seven cents of that for legislative committee activity and 13 cents for the total public relations program.

Another seven cents of this 47-cent slice supports the Bureau of Research and Planning, and the remaining 20 cents is distributed among six other commissions.

The watchdog of the C.M.A. treasury is the Council, which meets regularly every month in the interim between House of Delegates sessions to carry out the directives of that body. The Council, as the administrative arm of the C.M.A., recom-

Presented at the Annual Conference of County Society Officers, Los Angeles, February 17, 1962.

mends and appoints the members of all commissions and committees and it is to the Council—except in special cases of House committees—that these groups report their findings for approval, modification or rejection.

Seven commissions cover as many fields of activity, their areas of interest and of jurisdiction being indicated by their names:

- Medical Services
- Public Agencies
- Community Health Services
- Public Policy
- Medical Education
- Cancer
- Professional Welfare.

The Commission on Medical Services studies and recommends methods under which medical services are furnished or organized and deals with all phases of medical economics. Its studies and analyses require continuing contact with labor, management, the insurance industry, consumer groups, state and federal agencies and county society committees.

Through its committees, the Commission on Medical Services deals with such matters as workmen's compensation fees, C.P.S. fee schedules, periodic review of the Relative Value Studies, government program fees, the special problems of the elderly, rehabilitation, mediation procedures, liaison with the insurance industry and with local medical society-sponsored prepayment plans.

One of these committees, the Committee on Aging, working with representatives of allied professional organizations, has helped develop the California Joint Council to Improve the Health Care of the Aged. This body established standards by which the care of patients in nursing homes and relating facilities can be greatly improved. From this has developed the California Commission on Accreditation of Nursing Homes and Related Facilities, which is the first statewide organization of this type in the nation.

Another group, the Committee on Government Financed Medical Care and its liaison subcommittees, is continuously and diligently representing the private practice of medicine where government seeks to purchase medical care. Without the work of this committee it is doubtful whether we would have had programs that medicine can live with or had C.P.S. as a fiscal agent for any of the three major government programs—Public Assistance, Veterans' Hometown Care and Medicare.

Within the Commission on Public Agencies are eight active committees concerned with a broad spectrum of matters closely involving the practice of medicine.

The Committee on State Medical Services maintains close liaison with the State Department of Public Health, assisting in the guidance of its programs to insure that standards of medical care are maintained.

The Committee on Veterans Affairs studies the medical needs of the veteran and evaluates the health care facilities available to him from the state and federal governments.

Another of this commission's committees—that on adoptions—has prepared and distributed to the 18,000 members a Manual of Adoptions, a basic guide to the steps that must be taken for either independent or agency adoptions.

You are, of course, well aware of the results of work by another of this commission's committees—the one concerned with other professions. It has been at the very heart of the long-time negotiations leading to unification of the medical and osteopathic professions.

Other specific committee activities within the Public Agencies Commission include appraisal of problems and legislation relating to narcotics and dangerous drugs, alcoholic rehabilitation and mental health.

The Commission on Community Health Services coordinates eight extremely active committees in matters of broad public, as well as professional, interest. They deal with rural health, school health, occupational health, disaster medical care, blood banks, traffic safety and allied health agencies.

In addition, this commission is responsible for development, preparation and distribution of weekly articles on health facts that appear regularly in 280 newspapers, labor journals and organizational publications throughout California. Close cooperation is maintained with county society headquarters in the distribution of these articles.

Incidentally, the editorial "committee" used by the commission is, without doubt, the biggest one of all in point of numbers. It includes 196 physicians, representing all fields of practice, who serve as advisors as to topics and as critics of content for the articles.

Regional conferences on rural health, in conjunction with the California Farm Bureau Federation—with local physicians participating in the programs—have resulted in much favorable reaction.

Guides to county societies on suggested programs for first aid training of ambulance drivers and on the reporting of diseases such as epilepsy, which could contribute to traffic accidents, have been prepared by the traffic safety committee as part of this commission's functions.

Until such time as action is taken on the report of the ad hoc committee on continuing education

and scientific activities, the structure of the Commission on Medical Education will remain as it now is. That is, it will function through four committees in the areas of maternal and child care, scientific work, postgraduate activities and medical motion pictures.

The Committee on Scientific Work is, of course, responsible for the character and scope of the scientific programs of each annual session—a task which, understandably, is a year-round undertaking and one that calls on a large number of members for support and participation.

Continuing investigations into the causes of maternal and infant deaths are being conducted by the committee in that field.

Postgraduate activities, apart from the annual session, include the sponsoring of five regional institutes and from eight to ten circuit courses a year in areas away from urban centers. These are conducted in cooperation with five medical schools and with regional committees from the county medical societies.

Not one, but five C.M.A. committees are actively working under the Commission on Cancer, educating and informing both the profession and the public. Postgraduate courses, tumor tissue registry consultation and advice, assistance in establishing functional tumor boards, and the investigation and exposure of cancer quackery are among their activities.

The Commission on Professional Welfare coordinates the work of several committees concerned with some rather critical areas relating to the practice of medicine. Their considerations deal with professional liability, group insurance generally and the C.M.A. disability insurance program. They also are studying the relationship between medical school faculty members and those in private practice in areas surrounding the schools.

To depart from the commission and committee pattern for a moment, I'd like to touch briefly on three other areas of activity of concern to all of you—physician placement, the C.M.A.-C.H.A. Liaison Committee, and our Bureau of Research and Planning.

Through its free placement service, working directly with physicians and with communities, the C.M.A. physicians' placement bureau is helping to

meet the growing problem of a shortage of medical manpower created by the rapid growth of population in California.

The Guiding Principles for Physician-Hospital Relationships were first developed by the C.M.A.-C.H.A. Liaison committee and then approved by the House of Delegates. They are a means of assuring the best medical care for patients in the safest and most economical manner—and they have been widely accepted.

I am pleased to report that requests for appraisal of hospital staff organization and procedures, based on the Guiding Principles, have been received from more than 50 medical staffs of hospitals—again requiring a great deal of committee effort.

As for the Bureau of Research and Planning, here you have one of the finest mechanisms available to the medical profession for the collection and correlation of facts relating to the socio-economics of medical practice. It has proved of invaluable assistance in our development of information for the profession on many issues with which we are faced.

And now to conclude with the final commission—that on public policy.

The two main elements of this commission are the Committee on Legislation and the Committee on Public Relations. They are, perhaps, the most delicately balanced, the most sensitive areas of all with which the C.M.A. is concerned. Virtually everything done by the Association and by every individual member is reflected, in some manner, in the end results achieved by these two committees.

In summary, then—each of the C.M.A. commissions and committees responds to and acts upon statewide matters relating to the profession and to the public. Several of them are designed to serve county societies or groups of societies as sources of information, of research and of counsel in local projects.

If there is a public need in the field of health, the C.M.A. has, or will arrange to have, personnel to investigate that need and to provide an answer to the problem—if one exists.

This, then, is the true nature, the true purpose of organized medicine and of the organizational activities of the California Medical Association.

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